

Please type a plus sign (+) inside this box → +

01-16-04

21224
PTO/SB/21 (6-99)

Approved for use through 09/30/2000. OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/915,862
		Filing Date	July 26, 2001
		First Named Inventor	Eatough
		Group/Art Unit	2122
		Examiner Name	Gross
Total Number of Pages in This Submission	21	Attorney Docket Number	28903-709

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Version with Markings Showing Changes <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration For Utility or Design Application <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Sequence Listing/Diskette <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) <i>(please identify below):</i>
<div style="text-align: center;"> RECEIVED JAN 22 2004 Technology Center 2100 </div>		
<div style="border: 1px solid black; padding: 2px; text-align: center;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual name	Kenta Suzue, Reg. No. 45,145, WILSON SONSINI GOODRICH & ROSATI		
Signature			
Date	January 14, 2004	Customer Number:	021971

CERTIFICATE OF EXPRESS MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated below and addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:

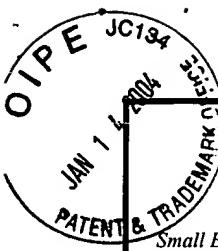
January 14, 2004

Express Mail Label EV 333 490 574 US

Typed or printed name	Annette Palladino		
Signature		Date	January 14, 2004

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



FEE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$110.00)

Complete if Known

Application Number	09/915,862
Filing Date	July 26, 2001
First Named Inventor	Eatough
Examiner Name	Gross
Group/Art Unit	2122
Attorney Docket Number	28903-709 Technology Center 2100

RECEIVED

JAN 2 2 2004

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 23-2415 (Docket No. 28903-709)

Deposit Account Name Wilson Sonsini Goodrich & Rosati

 Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17

2. Payment Enclosed:

 Check Money Order Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	110.00
116	420	216	210	Extension for reply within second month	
117	950	217	475	Extension for reply within third month	
118	1,480	218	740	Extension for reply within fourth month	
128	2,010	228	1,005	Extension for reply within fifth month	
119	330	219	165	Notice of Appeal	
120	330	220	165	Filing a brief in support of an appeal	
121	290	221	145	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,330	241	665	Petition to revive - unintentional	
142	1,330	242	665	Utility issue fee (or reissue)	
143	480	243	240	Design issue fee	
144	640	244	320	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	770	246	385	Filing a submission after final rejection (37 CFR 1.129(a))	
149	770	249	385	For each additional invention to be examined (37 CFR 1.129(b))	
Other fee (specify)					
Other fee (specify)		55/110		Terminal Disclaimer	

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) \$110.00

SUBTOTAL (2) (\$0)

Complete (if applicable)

Name (Print/Type)	Kenta Suzue	Registration No. (Attorney/Agent)	45,145	Telephone	650-493-9300
Signature		Date	January 14, 2004	Customer No.	021971

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22213-1450